FILED FOR PROFIT CORPORATION May 01, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 05-01-2002 91519 012 ***150.00 HARRY MCHUGH ASSOCIATES, INC. 040000 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 525 COURT ST. 25 COURT ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. - 314 Applied For 4. FEI Number City & State City & State ENO NU. 59-2129227 Not Applicable ENO. \$8.75 Additional 5. Certificate of Status Desired П WASHOE Fee Required 7. Name and Address of Current Registered Agent JESTER DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE PRESIDENT - TRES -DIRECTOR NAME NAME HARRY B MCHUGH STREET ADDRESS STREET ADDRESS 525 COURT 57 CITY-ST-ZIP CITY-ST-ZIP 89501 RENOINU. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROBERT Mª HUGH _ SECT. TITLE TITLE NAME NAME 4 STONEWOOD DR. STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP OLD LYME, CONN. 06371 TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attempt to the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver o

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attachment with an address, with all other like empowered.